



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number** 20219-000300US  
**First Named Inventor** John David Kleinke

**COMPLETE IF KNOWN**

**Application Number** Unassigned/  
**Filing Date** Herewith  
**Group Art Unit** Unassigned  
**Examiner Name** Unassigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**SYSTEMS AND METHODS FOR OBTAINING APPROVAL FOR MEDICAL  
REIMBURSEMENTS**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) Country | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|---|--------------------------|--------------------------|--------------------------|
|  |         |   |                          | YES                      | NO                       |
|  |         |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application<br>numbers are listed on<br>a supplemental priority data sheet<br>PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|---|
|                       |                          |   |

[Page 1 of 2]

**Burden Hour Statement** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box

+

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 20350 OR ☒ Correspondence address below

|               |                                     |                                |  |
|---------------|-------------------------------------|--------------------------------|--|
| Name          | Douglas M. Hamilton                 |                                |  |
| Address       | Townsend and Townsend and Crew, LLP |                                |  |
| Address       | Two Embarcadero Center, 8th Floor   |                                |  |
| City          | State                               | ZIP                            |  |
| San Francisco | CA                                  | 94111                          |  |
| Country       | Telephone                           | Fax                            |  |
| USA           | (303) 571-4000 (Denver office)      | (303) 571-4321 (Denver office) |  |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name John D.

Family Name Kleinke or Surname

Inventor's Signature

Date

12/21/00

Residence: City  
Denver

State  
CO

Country  
USA

Citizenship  
USA

Mailing Address 191 University Boulevard, Suite 307

Mailing Address

City

Denver

State  
CO

ZIP

80206

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address


City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

|                               |                    |
|-------------------------------|--------------------|
| <b>Application Number</b>     | Unassigned         |
| <b>Filing Date</b>            | Herewith           |
| <b>First Named Inventor</b>   | John David Kleinke |
| <b>Group Art Unit</b>         | Unassigned         |
| <b>Examiner Name</b>          | Unassigned         |
| <b>Attorney Docket Number</b> | 20219-000300US     |

I hereby appoint:

☒ Practitioners at Customer Number

20350

**OR**

☒ Practitioner(s) named below:

| Name                         | Registration Number |
|------------------------------|---------------------|
| See attached list on page 2. |                     |
|                              |                     |
|                              |                     |
|                              |                     |

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

**OR**

☒ Firm or  
Individual Name

Douglas M. Hamilton, Reg. No. P-47,629

Address

Townsend and Townsend and Crew, LLP

Address

Two Embarcadero Center, 8th Floor

City

San Francisco

State

CA

ZIP

94111

Country

USA

Telephone

(303) 571-4000 (Denver Office)

Fax

(303) 571-4321 (Denver office)

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

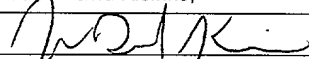
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name

John David Kleinke,

Signature



Date

December 21, 2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.  
DE 7029615 v1

[illegible]

Douglas M. Hamilton, Reg. No. P-47,629  
 Lesley S. Craig, Reg. No. 26,578  
 Darin J. Gibby, Reg. No. 38,464  
 Chad S. Hilyard, Reg. No. 40,647  
 Roger T. Barrett, Reg. No. 41,599  
 William F. Vobach, Reg. No. 39,411  
 Scott L. Ausenhus, Reg. No. 42,271  
 Thomas D. Franklin, Reg. No. 43,616  
 Patrick M. Boucher, Reg. No. 44,037  
 Ronald C. Gorsche, Reg No.: 45,505

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: John David Kleinke

Application No./Patent No.: \_\_\_\_\_ Filed/Issue Date: Filed 12/21/00

Entitled: SYSTEMS AND METHODS FOR OBTAINING APPROVAL FOR MEDICAL REIMBURSEMENTS

Health Strategies Network, Inc., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

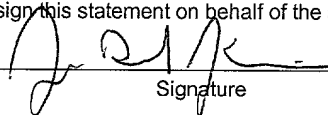
- ☒ Copies of assignments or other documents in the chain of title are attached.

**NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

December 21, 2000

Date

  
Signature

John David Kleinke

Typed or printed name

President

Title

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

DE 7029674 v1